

52229 7279

U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only: No Insurance Coverage Provided)</i>	
O F F I C I A L U S S E	
90006	Postage \$
00000	Certified Fee
08600	Return Receipt Fee (Endorsement Required)
08600	Restricted Delivery Fee (Endorsement Required)
70002	Total Postage & Fees \$
Postmark Here 1:01-CU-463	
Sent To <u>RICHARD BOHANNON 374-617</u>	
Street, Apt. No.; or PO Box No. <u>CC1, P.O. BOX 5500</u>	
City, State, ZIP+4 <u>CHILLICOTHE, OH 45601</u>	
PS Form 3800, April 2002 See Reverse for Instructions	